



APPLICATION

NOTE: Retain a copy of this document for your records. Any modification shall be in writing by execution of an Update Account Information form received by the New Mexico State Treasurer's office.

ACCOUNT REGISTRATION The account shall be registered as follow: Name of local public entity:	
Type of OrganizationCity/Town/VillageCounSpecial DistrictPueblo.	ntySchoolQuasi Gov't AgencyJudicial /TribeUniversity/CollegeOther
Telephone Number:	
Mailing Address:	
ReinRein	vestment earnings on the account should be handled: nvest Disburse via ACH ith this information):
Bank ABA Routing Number I certify that the above information is correct to t	Entity's Bank Account Number the best of my knowledge
Print Name *	*Authorized Signature Date
*Only individuals who are listed on the Certificate	ion of Authorized Persons form are allowed to submit an application.
	not guaranteed or insured by any bank, the State of New Mexico, the Federal Deposit Insurance Mexico LGIP deposits involve certain investment risk. Yield and total return may fluctuate and
	For LGIP use ONLY
STO # New Mexico	o I GIP Bureau Chief Date